Rec 13 610 16 MAY 2005

10/534977

| COMBAED (Includes Referen | DECLARATION FO | R PATENT APPLICATION A | ND POWER OF ATTORNEY | ATTORNEY'S DOCKET NUMBER | | | |
|---|--|--|--|--|--|--|--|
| As a below nam | ned inventor, I hereby d | eclare that: | | | | | |
| My reside | My residence, post office address and citizenship are as stated below next to my name. | | | | | | |
| I believe I names are | I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | | | |
| ELECTRO | ELECTRO-OPTICAL LIGHT MODULATION ELEMENT, ELECTRO-OPTICAL DISPLAY AND MODULATION MEDIUM | | | | | | |
| the specifi | the specification of which (check only one item below): | | | | | | |
| | is attached hereto. | | | | | | |
| | was filed as United St | ates application | | | | | |
| • | Serial No | | | | | | |
| | on | | • | | | | |
| | and was amended | | | | | | |
| | on (if applicab | le). | | | | | |
| \boxtimes | was filed as PCT inter | mational application | | | | | |
| | Number PCT/EP2003 | 3/01232 <u>7</u> | | | | | |
| | on <u>05.11.2003</u> , | | | | | | |
| | and was amended und | ler PCT Article 19 | | , | | | |
| | on (if applicab | le). | | | | | |
| I hereby s amended | tate that I have reviewe by any amendment refe | ed and understand the contents of the to above. | ne above-identified specification, inc | cluding the claims, as | | | |
| I acknowl | edge the duty to disclo | se information which is material to | patentability as defined in 37 CFR available between the filing date of thart application. | § 1.56, including for e prior application and | | | |
| applicatio designatin applicatio the United priority is | n(s) and of any foreign a ag at least one country o n(s) for patent or invent I States of America filed claimed: | application(s) for patent or inventor; ther than the United States of Amerior's certificate or any PCT internation by me on the same subject matter have | 119 or 365 (b) of the following Uniscertificate or 365(a) of any PCT interical listed below and have also identifinal application(s) designating at least aving a filing date before that of the a | national application(s) fied below any foreign one country other than pplication(s) of which | | | |
| | COUNTRY | GN/PCT APPLICATION(S) AND ANY APPLICATION NUMBER | PRIORITY CLAIMS UNDER 35 U.S.C DATE OF FILING | PRIORITY CLAIMED UNDER 35 USC 119 | | | |
| (if PC1 Germany | Γ, indicate "PCT") | 102 53 325.3 | (day, month, year) 14.11.2002 | YES NO | | | |
| | | | | YES NO | | | |
| | | | | YES NO | | | |
| | | | | YES NO | | | |
| | | | | YES NO | | | |
| (27,969); Alar (30,595); John (40,921); Rob | n E.J. Branigan (20 <u>,565);</u> n A. Sopp (33,103); Rich ert E. McCarthy, (46,044 | John R. Moses (24,983); Harry B. Slard M. Lebovitz (37,067); James E. F | m Millen (19,544); John L. White (17, hubin (32,004); Brion P. Heaney (32,5 kuland (37,432); Nancy Axelrod (44,0 Csaba Henter (50,908) to prosecute thi | 42); Richard J. Traverso 14); Jennifer J. Branigan | | | |

Send Correspondence to:Customer No. 23599

Telephone No. 703/243-6333 Direct Telephone Calls to:



Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

| <u>بر</u> | | r=::-::-: | FIRST GIVEN NAME | SECOND GIVEN NAME |
|----------------------------|----------------------------|------------------------------------|--------------------------------|---|
| 2 | FULL NAME OF INVENTOR | FAMILY NAME HECKMEIER | Michael | SECOND GIVEN NAME |
| 0 1 | RESIDENCE & CITIZENSHIP | CITY Hemsbach | STATE OR FOREIGN COUNTRY DE | COUNTRY OF CITIZENSHIP DE |
| | POST OFFICE ADDRESS | STREET Gutenbergstrasse 7 | CITY Hemsbach | STATE & ZIP CODE/COUNTRY 69502 Hemsbach, Germany |
| 2 0 2 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME Markus | SECOND GIVEN NAME |
| | RESIDENCE & | CZANTA | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE | Darmstadt | DE DEX | DE STATE & ZIP CODE/COUNTRY |
| | ADDRESS | Kaupstrasse 47 | Darmstadt FIRST GIVEN NAME | 64289 Darmstadt, Germany SECOND GIVEN NAME |
| | FULL NAME OF INVENTOR | GOETZ | Achim | COLD TROV OF CHITETY CALLS |
| 0 3 | RESIDENCE & CITIZENSHIP | CITY Alsbach-Haehnlein | STATE OR FOREIGN COUNTRY DE DE | COUNTRY OF CITIZENSHIP DE |
| | POST OFFICE ADDRESS | STREET Carlo-Mierendorf Strasse 14 | Alsbach-Haehnlein | STATE & ZIP CODE/COUNTRY 64665 Alsbach-Haehnlein, Germany |
| 2 0 4 2 0 5 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |
| | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |
| 2 0 6 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |
| 2 0 7 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |

Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

| | | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
|-------------|----------------------------|-------------|--------------------------|----------------------------|
| 2 0 8 | FULL NAME OF INVENTOR | | | |
| | RESIDENCE & CITIZENSHIP | СПҮ | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | СПУ | STATE & ZIP CODE/COUNTRY . |
| 2 0 9 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY . | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |
| 2 1 0 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | СІТҮ | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |
| 2 1 1 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |
| 2 1 2 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |
| لــــا | L | <u> </u> | | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| SIGNATURE OF INVENTOR 2017 | 30.63.05 | SIGNATURE OF INVENTOR 207 | DATE - |
|----------------------------|----------|---------------------------|--------|
| SIGNATURE OF INVENTOR 202 | 30.03.05 | SIGNATURE OF INVENTOR 208 | DATE |
| SIGNATURE OF INVENTOR 203 | 30.03.05 | SIGNATURE OF INVENTOR 209 | DATE |
| SIGNATURE OF INVENTOR 204 | DATE | SIGNATURE OF INVENTOR 210 | DATE |
| SIGNATURE OF INVENTOR 205 | DATE | SIGNATURE OF INVENTOR 211 | DATE |
| SIGNATURE OF INVENTOR 206 | DATE | SIGNATURE OF INVENTOR 212 | DATE |